



STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

**Application for a Body Art Facility
License**

Please Type or Print Clearly

It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

Check the Requested Application Category:

- ☐ New Application \$60.00
☐ Change in Owner \$60.00
☐ Change in Name of Facility \$10.00
☐ Change in Location \$60.00

Make payable to "Credentialing Division"

SECTION A - GENERAL INFORMATION (Complete the appropriate information relating to the type of application you are submitting)				
NEW FACILITY				
1	Name of Facility:			
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number:			
4	Owner(s) Name:			
CHANGE OF OWNER				
1	Name of Facility:			
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number:			
4	Name of NEW OWNER(s) :			
CHANGE IN FACILITY NAME				
1	Previous Name of Facility:			
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	NEW NAME of Facility:			
4	Name of Owner(s):			
CHANGE IN LOCATION				
1	Name of Facility:			
2	NEW ADDRESS:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number:			
4	Name of Owner(s):			

NOTE: Licenses expire March 31st of odd numbered years.

SECTION B – OPERATION INFORMATION (All applicants must complete this section)

1. Hours of Operation for the facility (list below the hours open each day).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

2. What is the Anticipated **Opening Date** or effective date of a **Change in Name/Owner**? Date: _____

SECTION C – FLOOR PLAN

For **NEW APPLICATIONS AND CHANGE OF LOCATION**, you must attach a floor plan of the facility, which includes an indication of the restroom(s), sinks, and any connecting building/living space.

SECTION D – OWNER'S ATTESTATION (this must be completed by the owner of the facility) An individual who operates a facility prior to issuance of a credential is subject to assessment of an Administrative Penalty pursuant to 172 NAC 45-008, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the owner and person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that **(THESE QUESTIONS DO NOT RELATE TO NAME CHANGES):**

- ☐ I have not operated this Body Art Facility in Nebraska after April 1, 2005 and prior to this application for licensure; **or**
☐ I have operated this Body Art Facility after April 1, 2005 and prior this application for licensure:

_____ number of days operated in Nebraska after April 1, 2005

(Signature of Applicant)

_____ date